VOICE INQUIRY INSTRUCTIONS

The following information is a reprint of procedures for using EDS' automated Voice Inquiry System from the December 1992 <u>North Carolina Medicaid Special Bulletin</u> on this subject.

<div align="center">

North Carolina -Title XIX
Automated Voice Response (AVR) System
Provider Inquiry Instructions
1-800-723-4337

</div>

*The new AVR system will be accessible beginning **25 June 1999**, 24 hours per day, 7 days per week with the exception of the following: between 1:00 AM and 5:00 AM on the 1st, 2nd, 4th, and 5th Sunday of the month, and between 1:00 AM and 7:00 AM on the 3rd Sunday of the month*

AVR Application Introduction
This section presents a detailed description of the CALL FLOW for the North Carolina Medicaid Automated Voice Response System. Call flow describes the content and order of the prompts the automated voice response (AVR) system speaks to the provider. The following sections discuss global messages and events, special function keys, and the normal call flow.

The Global Messages and Events section describes messages and events that occur normally or only in exceptional situations during the call. The global messages and events typically include system and provider error messages. It simplifies the normal call flow narrative to describe these messages separately.

The Special Function Keys section describes key sequences that the provider can enter on the touch tone keypad to perform specialized functions.

The Normal Call Flow section describes the series of prompts, provider inputs, and system responses which occur during the voice response session. Included in this section is the discussion of how the voice response system speaks data to the provider.

Global Messages and Events
There are several categories of messages that are used throughout the AVR system. Rather than list these messages for each step within the CALL FLOW narrative, a description of the messages is printed in this section. The indented text in bold type is a description that represents the actual message the voice response system communicates to the provider.

Invalid Option
If the provider selects an invalid menu option, then AVR issues the following message:

   "Invalid option. Please re-enter."

Invalid Data
If the provider makes a data entry error and there is no specific error messages for that current step, the AVR issues the following message:

   "Invalid data. Please re-renter."

Maximum Errors Exceeded
Providers will be allowed three attempts to enter the requested data correctly. If the provider exceeds this limit for data entry errors, AVR terminates and disconnects the call. Prior to the provider being disconnected, AVR will issue the following message:

"You have reached the maximum number of errors allowed to enter the requested information correctly. Please review the procedures in your voice inquiry reference manual and try your call again."

Maximum Time-outs Exceeded

The provider will be allowed two provider time-outs (ten seconds each) to enter the requested information. AVR re-prompts the provider for the information after the first time-out. After the second time-out, AVR terminates and disconnects the call. Prior to the provider being disconnected, AVR will issue the following message:

"You have not responded with the requested information. Please review the procedures in your voice inquiry reference manual and try your call again."

Maximum Transaction Exceeded

The voice response system will be configured to allow for a preset maximum number of inquiries per call session. The maximum number of inquiries is set to 15 transactions. When the provider has exceeded the limit, AVR terminates the call and informs the provider with the following message:

"In order to service as many providers as possible, we must limit the number of inquiries per call. Please call again for additional inquiries you may have. Thank you for calling the EDS voice inquiry system."

Host Wait Message

The host system is allowed three time-outs (ten seconds each) to respond to an AVR transaction. Once a transaction is formatted and sent to the host, and after the first two time-outs, AVR issues the following message:

"Please wait while the requested information is retrieved."

Host Down

If the host does not respond after the third time-out, AVR interprets that the system is down and issues the following message:

"The system is currently unavailable. Please try your call again later. Thank you for calling the EDS voice inquiry system."

Special Function Keys

There are two special function keys on the touch-tone keypad - the pound sign (#) key and the asterisk (*) key. The voice response system takes advantage of these keys to allow the provider to perform special functions.

End of Data Marker

The pound sign (#) key signals to the AVR that the provider has finished entering the data that has been requested. The provider must press the pound sign (#) to mark the end of data just entered. Otherwise, the AVR will return an **"invalid data"** message.

Use Previous Data

The provider may also use the pound sign (#) key to tell the AVR to reuse the data the provider previously entered for a specific prompt. The provider simply presses only the pound sign (#) at the prompt. For example, if the provider wishes to use the same date of service entered in the "from date of service" for the "to date of service", they simply press the pound sign (#). This will cause the AVR to use the date that was previously entered. If the AVR determines that previous data was never entered, it will prompt the provider to enter data.

Switch to Alphabetic

The provider may be required to enter information that is an alphabetic character. When this occurs, the provider uses the asterisk key (*) to switch to entering alphabetic character.

Alphabetic Data Table

The following table is a reference for using alphabetic data. Use the numeric codes to identify the letters necessary.
This is often used in the MID number entries.

A- *21	F- *33	K- *52	P- *71	U- *82	Z- *12
B- *22	G- *41	L- *53	Q- *11	V- *83	
C- *23	H- *42	M- *61	R- *72	W- *91	
D- *31	I- *43	N- *62	S- *73	X- *92	
E- *32	J- *51	O- *63	T- *81	Y- *93	

Example: MID 123456789S, enter 123456789*73

Call Flow Introduction/Narrative

When a provider calls the AVR system, AVR responds with one of the following messages.

If the system is **available,** the provider receives this greeting:

> **"Welcome to the EDS voice inquiry. For North Carolina Medicaid inquiries, please press 1. If you are calling from a rotary telephone or for other business, please call 919-851-8888 or 1-800-688-6696."**

If the system is **unavailable**, the provider receives the following message:

> **"Thank you for calling EDS. The North Carolina Medicaid voice inquiries system is unavailable between 1:00 AM and 5:00 AM on the 1st, 2nd, 4th, and 5th Sunday of the month, and between 1:00 AM and 7:00 AM on the 3rd Sunday of the month. Please try your call again later."**

If the provider presses 1, the call flow continues to Step 1.0. If no entry is made after one 10 second time-out, AVR assumes the provider is calling from a rotary phone and disconnects the caller.

GETTING STARTED	**Telephone Number - 1-800-723-4337**
Step 1.0 Main Menu	**AVR presents the providers with a transaction menu:**

	OPTION	SYSTEM WILL PROMPT FOR FOLLOWING INFORMATION
1	Verify status of a claim	Provider number, MID, "from DOS, total billed amount
2	Checkwrite Information	Provider Number
3	Drug Coverage	Provider Number, Drug Code and DOS
4	Procedure Code Pricing and Modifier Information	Provider Number, Procedure Code, Type of Treatment Code and/or Modifier Code
5	Prior Approval	Provider Number, Procedure Code, Type of Treatment Code or Modifier Code and MID
6	Recipient Eligibility and Coordination Of Benefits AND Managed Care status	Provider Number, MID or SSN# , DOS and "FROM DOS"
7	Sterilization Consent or Hysterectomy Statement	Provider Number, MID and DOS
9	To Repeat Options 1-8	

Option 1 - Claim Status Information Narrative

Claim Status Information - When the provider selects option 1 from the Main menu, AVR prompts the provider to enter their North Carolina Medicaid provider number for verification.

Recipient Identification Number Prompt - AVR prompts the provider for a recipient identification number:

Date of Service Prompt - AVR now prompts the provider for the date of service: The provider must enter a date of service in a MMDDCCYY format.

Claim Billed Amount Prompt - The provider must enter the billed amount in a dollars and cents format.

End of Transaction - After the applicable claims status response has been given, AVR speaks the following message:

> **"To check the status of another claim, press 1. To return to the main menu, press 8. To repeat these options, press 9. To end this call, please hang up."**

Option 2 - Checkwrite Information Narrative

Checkwrite information
When the provider selects option 2 from the main menu, AVR prompts the provider to enter their North Carolina Medicaid provider number for verification.

Checkwrite Messages: AVR provides the status of checkwrite.

- If current Checkwrite information is found
- If no current information is found

End of Transaction-At this time the provider is given the option to return to the main menu, to perform another Checkwrite transaction for different provider number, or obtain information regarding EFT.

> **"To perform another Checkwrite transaction press 1. To receive information regarding electronic funds transfer, press 2. To return to the main menu, press 8. To repeat these options, press 9. To end this call, please hang up."**

Electronic Funds Transfer Information - If the provider selects option 2 above, AVR speaks the following message:

> **"You can have your claim payments automatically deposited into your bank account through a service called electronic funds transfer. With electronic funds transfer, there is no need to make manual bank deposits of checks. You will still receive a Remittance Advice to reconcile your payment, and it is not required to submit claims electronically to receive this service. For additional information about electronic fund transfer or to begin this service, please contact our Financial Services Unit at (OFFICE NUMBER)."**

Option 3 - Drug Coverage Narrative

Drug Coverage - When the provider selects option 3 from the main menu, AVR prompts the provider to enter their North Carolina Medicaid provider number for verification.

Drug Code - The AVR system will prompt the provider to enter the eleven-character drug code.

Date of Service - Once provider confirms the drug code entered, AVR prompts the provider to enter the date of service.

Drug Coverage Responses
- Drug code is covered.
- Drug code covered at MAC.
- Medicaid coverage for drug code is not allowed.
- Drug code is manually reviewed for Medicaid coverage. Please contact Provider Services.
- Medicaid coverage for drug code on date of service could not be determined

End Of Transaction - The provider will then be given the option to continue with another drug coverage inquiry with the same or a different provider number or return to the main menu. AVR speaks the following message:

> **"To check drug coverage on a different drug, press 1. To return to the main menu, press 8. To repeat these options, press 9. To end this call, please hang up."**

Option 4 - Procedure Code Pricing and Modifier Information Narrative

Procedure Code Pricing and Modifier Information - If the provider selects option 4 from the main menu in Step1.0, AVR presents the provider with a transaction menu in the following message:

> **"To obtain procedure code pricing information, press 1. To obtain modifier verification information, press 2. To obtain procedure code and modifier combination information, press 3. To repeat these options, press 9."**

Provider Number - AVR prompts the provider to enter their North Carolina Medicaid provider number for verification.

Option 4 / Selection 1 - Procedure Code Pricing with Treatment Codes

Procedure Code Prompt - AVR will prompt the provider to enter a 5-character procedure code.

Date of Service Prompt - AVR will prompt the provider to enter a date of service. Note: The format is MMDDCCYY.

Type of Treatment Menu - The system will prompt the provider to continue with a type of treatment code or a modifier code.

Table A - Type of Treatment

Provider Inputs	Type of Treatment codes	Description
01#	01	Medical
02#	02	surgery
03#	03	consultation
04#	04	diagnostic x-ray, professional component
05#	05	diagnostic lab
06#	06	radiation therapy, professional component
07#	07	anesthesia
08#	08	assistant at surgery

09#	09	maternity
10#	10	eye exam
11#	11	dental
15#	15	optical
15#	15	hearing aid
15#	15	home health
15#	15	ambulance
15#	15	ambulatory surgery
31#	31	complete x-ray, technical component
3#	E	rental
6#	N	purchased new
8#	T	diagnostic x-ray, technical component
8#	U	purchased, used

- **Type of Treatment Prompt -** AVR will prompt the provider to enter a type of treatment. Note: Please enter 2 characters for numeric codes or 1 character for alphabetic codes. Example: TOT E, press the number 3 on the telephone keypad

> **"Pricing information reported by this system is subject to change based on specific pricing guidelines for each procedure code, type of treatment, or modifier. To continue your pricing inquiry with a type of treatment code, press 1. To continue your pricing inquiry with a modifier, press 2. To repeat these options, press 9."**

End of Transaction - Once the provider has been given the response to the inquiry, they will be given the option to check another procedure code, return to the procedure code menu, or to return to the main menu. AVR will speak the following message:

> **"Please choose one of the following options. To check another procedure code, press 1. To return to the procedure code menu, press 2. To return to the main menu, press 8. To repeat these options, press 9. To end this call, please hang up."**

Option 4 / Selection 2 - Modifier Code Verification Call Flow Narrative

Provider Number - When the provider selects option 2 from the procedure code menu in Step 5.0, AVR prompts the provider to enter their North Carolina Medicaid provider number for verification.

Modifier Code Verification - AVR will prompt the provider for a modifier code.

End of Transaction-Once the modifier information has been provided to the provider, AVR speaks the following message:

> **"To verify another modifier code, press 1. To return to the procedure code menu, press 2. To return to the main menu, press 8. To repeat these options, press 9. To end this call, please hang up."**

Option 4 / Selection 3 - Procedure Code \ Modifier Combination Verification Narrative

Provider Number -When the provider selects option 3 from the procedure code menu in Step 5.0, AVR prompts the provider to enter their North Carolina Medicaid provider number for verification.

Procedure Code Prompt -AVR will prompt the provider for a procedure code.

Modifier Code Verification - Once a valid procedure code has been entered, AVR will prompt the provider for a modifier code.

Date of Service - Once the provider confirms the modifier code, AVR asks for a date of service.

Host Response -AVR speaks a message if:

- the date of service, procedure code/modifier combination is valid:
- the DOS is before effective date or after end date and/or procedure code modifier combination is **not valid**.

End of Transaction - Once the modifier information has been given to the provider, AVR speaks the following message:

> **"To verify another procedure code and modifier code combination, press 1. To return to the procedure code menu, press 2. To return to the main menu, press 8. To repeat these options, press 9. To end this call, please hang up."**

Option 5 - Prior Approval Narrative

Prior Approval Menu - If the provider has selected option 5 in Step 1.0, AVR presents the provider with the following prior approval menu message:

> **"To verify if prior approval is required for a procedure code, press 1. To verify dental benefit limitations for a recipient, press 2. To verify refraction benefit limitations for a recipient, press 3. To verify DME prior approval for a recipient, press 4. To repeat these options, press 9."**

Option 5 / Selection 1 - Prior Approval Information for Procedure Codes

Prior Approval General Comment - If the provider selects option 1 to verify prior approval requirements for a procedure code, AVR speaks the following message:

> **"Prior approval constitutes medical approval only. Payment of claims is subject to compliance with Medicaid guidelines and restrictions."**

Provider Number - AVR prompts the provider to enter their North Carolina Medicaid provider number for verification.

Procedure Code Prompt - AVR will prompt the provider for a procedure code. Note: If the first two characters are "RC", the call flow proceeds to the Revenue Code Message.

- **Revenue Code Message -** If the provider enters a revenue code, they will receive the following message:
  "Prior approval for revenue codes cannot be determined. Please contact Provider Services at (OFFICE NUMBER)."

Type of Treatment or Modifier Option - The system will prompt the provider to continue with a type of treatment code or a modifier code.

> **"To continue your inquiry with a type of treatment code, press 1. To continue your inquiry with a modifier, press 2. Surgical diagnosis codes 701.4 and 709.2 require prior approval regardless of procedure code. Please contact the Prior Approval Unit at (OFFICE NUMBER)."**

Type of Treatment Prompt - AVR will prompt the provider to enter a type of treatment.

Modifier Code Verification - If the provider chooses option 2 for modifier entry, AVR will prompt the provider for a modifier.

Host Response
- Prior Approval for Procedure Code Type of Treatment Input Not on File
- Modifier Code Not on File
- Prior Approval Information Found

End of Transaction - Once the provider has been given the response to the inquiry, they will be given the option to check another procedure code, or to return to the main menu. AVR will speak the following message:

> **"To determine if prior approval is required on a different procedure code, press 1. To return to the prior approval menu, press 3. To return to the main menu, press 8. To repeat these options, press 9. To end this call, please hang up."**

Option 5 /Selection 2 - Dental Benefit Limitations Narrative

Dental Coverage - When the provider selects option 2 to verify dental coverage, AVR prompts the provider to enter their North Carolina Medicaid provider number and recipient identification number (MID) for verification.

Dental History Prompt - After receiving valid Provider and Recipient identification, AVR presents the provider with the following menu of options:

> **"To verify dental x-ray history, press 1. To verify dental appliance history, press 2. To verify dental sealant history, press 3. To verify dental extraction history, press 4. To repeat these options, press 9."**

Host Response –
- Option 1 - X ray History Verification
- Option 2 - Dental Appliance History Verification
- Option 3 - Dental Sealant History Verification
- Option 4 - Dental Extraction History Verification

End of Transaction - Once the provider has been given the response to the inquiry, they will be given the option to verify dental coverage for the same recipient, for a different recipient, to return to the PA menu, or to return to the main menu. AVR will speak the following message:

> **"To verify additional dental history for this recipient, press 1. To verify dental history for a different recipient, press 2. To return to the prior approval menu, press 3. To return to the main menu, press 8. To repeat these options, press 9. To end this call, please hang up."**

Option 5 / Selection 3 - Refraction Benefit Limitation Narrative

Optical Call Flow - When the provider selects option 3 to verify optical coverage, AVR prompts the provider to enter their North Carolina Medicaid provider number and recipient's identification number (MID) for verification.

Program Coverage Indicator - AVR will return three possible eligible coverage types.
- is covered by the Medicaid Pregnant Women Program
- is a Qualified Medicare Beneficiary
- is covered by North Carolina Health Choice for Children.

HMO Response - If a no indicator is returned for HMO coverage, then the call flow to the Host Responses below, depending upon AVR response. If AVR returns a yes indicator that indicates that the recipient is covered by a Health Maintenance Organization (HMO), the system will respond:

"The recipient is covered by a Health Maintenance Organization (HMO). No confirmation number can be issued. To verify refraction limitation on a different recipient, press 1. To determine which Health Maintenance Organization (HMO) recipient identification number (MID) is covered by please press 8 to return to the main menu to perform eligibility transactions. To end this call, please hang up.''

Host Response-AVR returns one of the following messages:
- Recipient is not eligible for refractive services
- Recipient is eligible for refractive services

End of Transaction - Once the provider has been given the response to the inquiry, they will be given the option to check another refractive limitation, to return to PA menu, or to return to the main menu. AVR will speak the following message:
> **"To verify eligibility/confirmation verification for a different recipient, press 1. To return to the prior approval menu, press 2. To return to the main menu, press 8. To repeat these options, press 9. To end this call, please hang up."**

Option 5 / Selection 4 - DME Prior Approval Narrative

DME Prior Approval Verification - When the provider selects option 4 to verify DME, AVR prompts the provider to enter their North Carolina Medicaid provider number and recipient identification number (MID) for verification.

Procedure Code Prompt - AVR prompts the provider to enter the Procedure Code:

Program Coverage Indicator - AVR will return three possible eligible coverage types.
- is covered by the Medicaid Pregnant Women Program.
- is a Qualified Medicare Beneficiary.
- Recipient identification number (MID) is covered by North Carolina Health Choice for Children.

HMO Response - If a no indicator is returned for HMO coverage, then the call flow continues to Host Response below depending upon the AVR response. If the AVR returns a yes indicator that indicates that the recipient is covered by a Health Maintenance Organization (HMO), the system will respond:

"The recipient is covered by a Health Maintenance Organization (HMO). No confirmation number can be issued. To verify refraction limitation on a different recipient, press 1. To determine which Health Maintenance Organization (HMO) recipient identification number (MID) is covered by please press 8 to return to the main menu to perform eligibility transactions. To end this call, please hang up.''

Host Response-AVR speaks one of the following for DME approval:
- Prior Approval Not on File
- Prior Approval on File

End of Transaction - AVR has completed the DME Prior Approval Verification information inquiry. The provider may now request that AVR repeat the information provided or return to the main menu. AVR prompts the provider accordingly:

> **"To perform another DME Prior Approval transaction for the same recipient, press 1. To perform another DME Prior Approval transaction for a different recipient, press 2. To return to the Prior Approval menu, press 3. To return to the main menu, press 8. To repeat these options, press 9. To end this call, please hang up.**

Option 6 - Recipient Eligibility Narrative

Provider Number Verification - When the provider selects option 6 in Step 1.0, main menu, AVR prompts the provider to enter their North Carolina Medicaid provider number for verification.

Recipient Access Method Prompt - To obtain Recipient eligibility information, the provider must enter a valid recipient identification number (MID) ; *OR* a combination of the recipient date of birth and social security number, *and* a FROM date of service. AVR prompts the provider for the method of accessing the recipient data.

> **"Please select one of the following recipient identification options. To enter a recipient identification number, press 1. To enter a recipient date of birth and social security number, press 2."**

Date of Service Prompt - The provider must enter either a pound sign (#) only (for the current date) or a FROM date of service in a MMDDCCYY format.

Host Response - After receiving valid provider number and recipient identification number (MID), and 'FROM' date of service, AVR determines whether or not the provider is authorized to access recipient eligibility information from the Eligibility File. The following are possible responses.

- Recipient Not on File
- Recipient Eligible

AVR will speak one of the following messages depending upon the category returned:
- Co-pay Response **-** AVR will indicate if a co-payment is in the eligibility response:

- CAP Response- If CAP indicators are present, AVR speaks the following messages:

> **"The recipient is enrolled in the Community Alternatives Program. Contact the CAP Case Manager before rendering services."**

- Carolina Access Response **-** If the Carolina Access indicators are present, AVR will speak one or both of the following messages:

> **If the message is unable to retrieve a provider name, please contact Provider Services at 1-800-688-6696.**
> **And/or**
> **"The recipient is enrolled in Carolina Access. The Primary Care Provider's name is (PCP Name). The day time phone number is (PCP day time phone number), and after hours phone number is (PCP after hours phone number)."**

- Managed Care - If the eligibility response contains any Managed Care information, AVR adds the following to the basic eligibility message:

> **"For this period, the recipient is enrolled in state contracted managed care program (NAME OF PROGRAM). The phone number is (MCP-PHONE-NUMBER).**

- Medicare - If the eligibility response contains any Medicare coverage, AVR adds the following to the basic eligibility message:

> **"For this period the recipient has Medicare (MEDICARE COVERAGE DESCRIPTION). The Recipient's Medicare number is [(HIC NUMBER) or (NOT AVAILABLE)]."**

- Other Insurance Coverage -If the eligibility response contains one or more Third Party Liability (TPL) segments, AVR will speak certain TPL information for all basic and special eligibility messages in order of priority.

> **"The recipient has other insurance through (TPL Carrier Code). The policy number is (TPL Policy #)."**

- The AVR will respond with up to three TPL segments. If more than three segments are returned, the call flow will give the following message:

> **"There is/are (NUMBER OF CARRIERS) carrier/carriers remaining. To obtain information on additional carriers, please contact Provider Services at (OFFICE NUMBER)."**

- Patient Liability - If AVR returns patient liability information, it will speak the following message:

> **"The recipient has a monthly liability of (LIABILITY AMOUNT). The recipient has (BALANCE) remaining to meet their liability. This amount will be withheld from inpatient claims only."**

> If AVR finds that it can not determine a recipient balance, it will speak the following message:

> **"The recipient has a monthly liability of (LIABILITY AMOUNT). The recipient liability balance could not be found on file. Please contact Provider Services at (OFFICE NUMBER)."**

> *Note: Use liability amount from your DMA -5016.*

- Well Child Screening Date - If AVR returns a date of the last Well Child Screening, it will speak the following message:

> **"The last date this recipient had a well child screening was (date from Eligibility file)."**

End of Transaction - AVR has completed the eligibility inquiry transaction. The provider may now request that AVR repeat the information provided or return to the main menu. AVR prompts the provider accordingly:

> **"To repeat the eligibility information for this recipient, press 1. To verify another date of service for the same recipient, press 2. To verify eligibility for a different recipient, press 3. To return to the main menu, press 8. To repeat these options, press 9. To end this call, please hang up."**

Option 7 - Sterilization Consent, Hysterectomy Statement Narrative

Sterilization Consent, Hysterectomy Statement - When the provider selects option 7 from the main menu in Step 1.0, AVR prompts the provider to enter their North Carolina Medicaid provider number for verification.

Transaction Selection - AVR presents the providers with the following transaction menu:

> **"Please choose one of the following options. To verify the status of a sterilization consent form, press 1. To verify the status of a hysterectomy statement, press 2. To repeat these options, press 9."**

Selection 1 -
- Recipient Identification Number (MID) Prompt
- Date of Service Prompt **-** AVR prompts the provider to enter the sterilization date of service
  Note: The provider must enter the sterilization date of service in a MMDDCCYY format.

Host Response- After receiving valid Provider and Recipient identification and Sterilization date of service, AVR determines whether the provider is authorized to access Recipient information and the Sterilization Consent Screen database.

- Recipient Identification Number (MID) Not on File
- Recipient Identification Number (MID) and Date of Service (DATE OF SERVICE), (CONSENT MESSAGE)
- No valid consent form on file for recipient

End of Transaction- At this point AVR has completed the Sterilization Consent information inquiry. The provider may now request that AVR repeat the information provided or return to the main menu. AVR prompts the provider accordingly:

> **"To return to the Sterilization Consent/Hysterectomy Statement menu Press 1. To return to the main menu Press 8. To repeat these options, press 9. To end this call, please hang up."**

Selection 2 **-**
- Recipient Identification Number (MID) Prompt
- Date of Service Prompt **-** AVR prompts the provider to enter the Hysterectomy date of service:
  Note: The provider must enter the Hysterectomy date of service in a MMDDCCYY format.

Host Response- After receiving valid Provider and Recipient identification and the Hysterectomy date of service, AVR determines whether the provider is authorized to access Recipient information and the Hysterectomy Screen DataBase.

- Recipient Identification Number (MID) Not on File
- Recipient Identification Number (MID) and (APPROVAL MESSAGE)
- Date of Service - then checked to see if it corresponds with the "Date of Service field" of the Hysterectomy database.

End of Transaction - At this point AVR has completed the Hysterectomy Statement information inquiry. The provider may now request that AVR repeat the information provided or return to the main menu. AVR prompts the provider accordingly:

> **"To return to the Sterilization Consent/Hysterectomy Statement menu press 1. To return to the main menu, press 8. To repeat these options, press 9. To end this call, please hang up."**